

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **9695**BIRTH NO. _____ REG. DIST. NO. **225** PRIMARY REG. DIST. NO. **4335** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Morgan Street		d. STREET ADDRESS (If rural, give location) West Morgan Street	
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) M. c. (Last) Wolf		4. DATE OF DEATH (Month) (Day) (Year) March, 26, 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAR 6, 1881
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Tipton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Richard Speicher	
14. MOTHER'S MAIDEN NAME Louise Doerner		15. NAME OF HUSBAND OR WIFE U.L. Wolf (Deceased)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		17. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Nephritis Diabetes		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from Jan 1950 , to Mar 26, 1950 , that I last saw the deceased alive on Mar 22, 1950 , and that death occurred at 8:45 P. m., from the causes and on the date stated above.			
22a. SIGNATURE C. J. Potts M.D.		22b. ADDRESS Tipton Mo	
22c. DATE SIGNED 3/27/50		22d. BUREAU OF CREMATION, REMOVAL (Specify) Bureau	
22e. DATE 3/29/1950		22f. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
22g. LOCATION (City, town, or county) (State) Tipton, Missouri		22h. DATE RECEIVED BY LOCAL REG. 3-31-1950	
22i. REGISTRAR'S SIGNATURE Mrs. Maude Hudson		22j. FUNERAL DIRECTOR'S SIGNATURE James E. Richardson	
22k. ADDRESS Tipton Mo		22l. ADDRESS Tipton Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISPATCHED
DISPATCHED
APR 4 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed
Student Embalmer

Signed James E. Richards
Licensed Embalmer No. 2466

P. O. Address Tipton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.